



# Reduced Course Load (RCL) Request for F-1 Students

*\* Please allow 7 full business days for processing a complete application \**

All international students must be enrolled in a full-time course load each semester. Students may not withdraw from a course or enroll for a reduced course load without receiving PRIOR authorization from the Center for International Studies.

Full-time enrollment at St. Cloud State University:

Undergraduate = 12 credits / Masters = 8 credits / Doctoral = 6 credits

## To be completed by the student:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SCSU ID#: \_\_\_\_\_ Degree Level: \_\_\_\_\_

Major: \_\_\_\_\_ Phone number: \_\_\_\_\_

SCSU e-mail: \_\_\_\_\_ Personal e-mail: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_ Major: \_\_\_\_\_

Academic term for Reduced Course Load request: \_\_\_\_\_ (Term/Year)

If you need to drop/withdraw from a course/s you must submit a copy of this form to **Records & Registration (AS118)** and list the course number/s:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

*Note: If you are withdrawing from a course after the withdrawal deadline, you must review and complete any Registration Petition documents as required by the Office of Records and Registration. For more information, view here: <http://www.stcloudstate.edu/srfs/withdrawals/default.aspx>*

Do you have an on-campus job: \_\_\_\_\_ YES \_\_\_\_\_ NO

*If you have an on-campus job you must submit a copy of this form to the **Payroll Department (AS 122)**.*

*By signing below, I hereby understand that I must receive prior authorization for a reduced course load and that it must be relevant to the current academic term.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Option 1 does NOT require approval from the student's academic advisor:**

- \_\_\_ 1. **Illness or Medical Condition:** The student has an illness or medical condition that interferes with their studies and has consequently been recommended to drop/withdraw from one or more courses. The student **cannot accumulate more than 12 months** of reduced course load permission for illness or medical condition per program level.

*\*\*Attach medical documentation from a licensed medical doctor, doctor of osteopathy, or licensed clinical psychologist recommending a reduced course load\*\**

***The medical documentation must be on official letterhead and include the following:***

- Full name of the student
- Description of the student's illness or medical condition and how it interferes with the student's studies
- Recommendation that the student takes a reduced course load or no courses at all
- The specific term for which a reduced course load is recommended
- Original signature and date
- Practice address and phone number

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**Option 2 or 3 must be completed by the student's academic advisor:**

- \_\_\_ 2. **Academic Difficulties:** The student is experiencing one of the academic difficulties listed below and has consequently been recommended to drop/withdraw from one or more courses. The student **must remain enrolled at least part-time** for the remainder of the semester. This type of reduced course load may be approved **only the 1<sup>st</sup> semester the student is in the United States.**

*\*\*Attach a written statement from the student's professor/s or advisor describing the circumstances and the course/s to be dropped/withdrawn\*\**

***Please check one:***

- ( ) Initial difficulties with the English language
- ( ) Initial difficulties with reading requirements
- ( ) Unfamiliarity with U.S. teaching methods
- ( ) Improper course level placement made by instructor or advisor

- \_\_\_ 3. **Completion of Course of Study:** The student is in their final term of studies and fewer courses are needed to complete the student's degree requirements. This type of reduced course load may be approved **only once during the student's academic program.**

***Please list the remaining course/s needed:***

Course number: \_\_\_\_\_ # of credits: \_\_\_\_\_ Grade needed: \_\_\_\_\_  
Course number: \_\_\_\_\_ # of credits: \_\_\_\_\_ Grade needed: \_\_\_\_\_  
Course number: \_\_\_\_\_ # of credits: \_\_\_\_\_ Grade needed: \_\_\_\_\_

*As the academic advisor, I am aware of the circumstances described above, have reviewed the educational implications for this student and agree with the above reason for this exception.*

\_\_\_\_\_  
(Signature of Academic Advisor)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Name – Please Print)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Academic Department)

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Center for International Studies USE ONLY

Approved: \_\_\_ YES \_\_\_ NO If yes, ISRS Code: \_\_\_\_\_ If no, reason: \_\_\_\_\_

Signature of Center for International Studies advisor: \_\_\_\_\_ Date: \_\_\_\_\_